APPENDIX D

2014 VA TRI Reporting Forms

Please note that the TRI reporting forms in this appendix are for reference only. Do not submit these forms to EPA. All facilities are required to submit their TRI data electronically using the TRI-MEweb application, per the TRI Electronic Reporting Rule. A link to the reporting rule language can be found at the following address: http://www.epa.gov/toxics-release-inventory-tri-program/electronic-reporting-toxics-release-inventory-data.

	Approval Expires		Page 1 of
United Status Environmental Protection Agency	OXICS RELEAS		ENTORY
			TRI Facility ID Number
-			
sis section only applies if you are sevising or withdrawing a eviously submitted form, otherwise leave blank.	Revision (Enter up to two code(s))	Withdra	wal (Enter up to two code(x))
IPORTANT: See instructions to determine when "Not Applicable (NA)* buxes should be checked.	*	</td
PART I, FACILITY I	DENTIFICATION INFORM.	ATION	
ECTION I. REPORTING YEAR			V//
ECTION 2. TRADE SECRET INFORMATION	C2101 AU		~
Are you claiming the toxic chemical identified on page 2 as a trade 2.1 Yes (Anywer question 2.2: No (Do not answer anisch substantation forms) go to Section	r 2.2; 2.2 In this copy	Sanmond (Answer-Suly if A	Unsanitized
ECTION 3. CERTIFICATION (Important: Read and sig	n after completing all form section	ms.)	
screbs certify that to the best of my knowledge and belief, for each toxic CFR 372.27(a), did not exceed 500 pounds for this reporting year and if a exceeding 1 million jumils during this reporting year. time and official title of owner/operator or sonior management official			
3			.5552
ECTION 4. FACILITY IDENTIFICATION	011.		
Facility or Establishment Name	TREF acities ID Number		
Physical Street Address	Mailing Address (if different	from playical ste	et aldress). I
,1			
Cny-County/Tribe/State/ZIP Code	City/State/ZIP Code		Country (Non-US)
2 This report contains information for (Imponant Check c or diff a	ppticable) e	Federal facility	4 G000
Technical Contact Name	7	elephone Number	(include area code and ext.)
Email Address			
4 Public Contact Name	ī	elephone Number	(include area code and ext.)
Email Address			
.5 NAICS Code(s) (6 digm)	c d		c
.6 Dun & Bendifregt a. h.			
ECTION 5, PARENT COMPANY INFORMATION			
Name of U.S. Parent Company (for TRI Reporting purposes)			Parent Company
8.2 Parent Company's Dan & Bradstreet Number NA	_		

EPA Form 9350 -2 (Rev. 06/2014) - Previous editions are obsolete:

Form Approved OMB Number: 2025-0009

			Approval	Expires: 11/30/2017	Page 2 of 6
	EC	ърм п	,	TRI Facility ID ?	Number
		ORM R			
	Part II. CHEMICAL-S	SPECIFIC	C INFORMATION	Toxic Chemical,	Category, or Generic Name
	TION 1. TOXIC CHEMICAL IDE ortant: DO NOT complete this section if you		g a mixture component in Section 2	below.)	
1.1	CAS Number (Important: Enter only one numb	er exactly as	it appears on the Section 313 list. Ente	r category code if reporting	a chemical category.)
1.2	Toxic Chemical or Chemical Category Name (In	mportant: En	ter only one name exactly as it appears	on the Section 313 list.)	<i>)</i> \
Ш					
1.3	Generic Chemical Name (Important: Complete	only if Part I,	Section 2.1 is checked "Yes". Generic	Name must be structurally	descriptive.)
$oldsymbol{\perp}$				\sim	
SEC	TION 2. MIXTURE COMPONENT	T IDENTI	TY (Important: DO NOT comp	lete this section if you com	pleted Section 1.)
2.1	Generic Chemical Name Provided by Supplier ([Important: M	faximum of 70 characters, including nu	mbers, letters, spaces, and	ounctuation.)
			▼		
	TION 3. ACTIVITIES AND USES ortant: Check all that apply.)	OF THE	TOXIC CHEMICAL AT TH	E FACILITY	
	Manufacture the toxic chemical:	3.2 Proce	ess the toxic chemical:	3.3 Otherwise use th	e toxic chemical:
	a. Produce b. Import				to to the mean out
	If Produce or Import	_	a reactant a formulation component	a. As a chemical p b. As a manufactu	-
	c. For on-site use/processing d. For sale/distribution		an article component	c. Ancillary or oth	
	e. As a byproduct		oackaging an impurity		
	f. As an impurity	_			
	TION 4. MAXIMUM AMOUNT O LENDAR YEAR	F THE TO	OXIC CHEMICAL ON-SITE	AT ANY TIME DU	RING THE
4.1	(Enter two digit code from	instruction p	oackage.)		
SEC	TION 5. QUANTITY OF THE TO	XIC CHE	MICAL ENTERING EACH	ENVIRONMENTAL	MEDIUM ON-SITE
			A. Total Release (pounds/year*) (Enter a range code** or estimate)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA 🗌			
5.2	Stack or point air emissions	NA			
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA			
	Stream or Water Body Name Reach Code ((optional)			<u> </u>
5.3.1					
5.3.2					
5.3.3	idential and a first transfer of the state o	i in dinasa sina	total annulus of annulus this have		
	litional pages of Part II, Section 5.3 are attached adicate the Part II, Section 5.3 page number in the		(Example: 1, 2, 3, etc.)		

EPA form 9350 -1 (Rev. 06/2014) - Previous editions are obsolete.

*For Dioxin or Dioxin-like compounds, report in grams/year.

**Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

								red OMB	Number: 2 30/2017	025-0009	Page 3 of 6
]	Part II. CHEMICAL-S		ORM I		ΓΙΟΝ (CONTINU	JED)		RI Facility I		y, or Generic Name
SECT:	ION 5. QUANTITY OF	тне т	охіс сні	EMICA	L ENTI	RING EA	CH EN	VIRO	NMENT.	AL MED	IUM ON-SITE
		NA		lease (po or estimate		(Enter a ran	ge		of Estimate er code)	7	>
5.4-5.5	Disposal to land on-site						,			0	
5.4.1	Class I Underground Injection Wells								V		
5.4.2	Class II-V Underground Injection Wells										
5.5.1A	RCRA Subtitle C landfills						Z				
5.5.1B	Other landfills						, ,				
5.5.2	Land treatment/application farming										
5.5.3A	RCRA Subtitle C surface impoundments				,		•				
5.5.3B	Other surface impoundments				7	1.					
5.5.4	Other disposal				0	*					
SECT	ION 6. TRANSFER(S) C	F THE	TOXIC	НЕМІ	CAL IN	WASTES	то от	FF-SIT	E LOCA	TIONS	
6.1	DISCHARGES TO PUBLIC	LY OWN	ED TREAT	MENT W	ORKS (F	OTWs)		NA			
6.1	POTW Name	_									
POTW A	Address	$-\!\wedge$		_			_	_			
City	A. Quantity Transferr		County				State		-1	Z	IP
	(pounds/year*) (Er			mate)				Basis of E Enter cod			
If addition	onal pages of Part II, Section 6.1	are attach	ed, indicate th	ne total nu	mber of pa	ges in this box					
and indi	cate the Part II, Section 6.1 page	number ir	this box.	(Ex	ample: 1,	2, 3, etc.)					
SECTIO	ON 6.2 TRANSFERS TO OTH	ER OFF	-SITE LOCA	TIONS	NA [7					
	Off-Site EPA Identification Nun				,	_					
	Location Name:		,								
Off-Site	Address:										
City	•		County		State		ZIP		Countr	ry (non-US)	
T- 45-1-1-	eation under control of reporting	facility o				☐ Yes			No		•

EPA form 9350 -1 (Rev. 06/2014) - Previous editions are obsolete.

*For Dioxin or Dioxin-like compounds, report in grams/year.

**Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

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					Арр	roval Ex	pires: 11/30/	2017		Page 4 of 6
Part II. CHI	EMICAL-S	FORM PECIFIC INI		IATION (CONTIN	U ED)		Facility ID		or Generic Nam
CECTION 64 TRANSI	EDS TO OFH	ED OFF SITE LO	CATIO	N (CONTINI	EDV					
SECTION 6.2. TRANSF A. Total Transfer (pour			is of Est		ED)		C Tuna of	Wests To	eatment/Di	
(Enter a range code**			ter code							(Enter code)
1.		1.					1. M			
2.		2.					2. M		$\cap X$	
3.		3.					3. M		/ '	
4.		4.					4. M	//		
6.2 Off-Site EPA Id	entification Nun	nber (RCRA ID No.)					X		
Off-Site Location Name:										
Off-Site Address:)		
City		County	,	State		ZIP)	Country	(non-US)	
Is this location under cont	trol of reporting	facility or parent co	mpany?		Yes	☐ No				
A. Total Transfer (pour (Enter a range code**			is of Est ter code		\mathcal{N}				eatment/Dis y Recovery	sposal/ (Enter code)
1.		1.				~	1. M			
2.		2.			1/1		2. M			
3.		3.			7		3. M			
4.		4.		()			4. M			
SECTION 7A. ON-	SITE WAS	TE TREATME	NT M	ETHODS .	AND EFFIC	CIENC	CY			
Not Applicable (NA) - Check here if	no on-site waste tre	eatment	method is appl	ied to any wast	te stream	containing t	he toxic ch	emical or ch	remical category
a. General Waste Stream (Enter code)				eatment Meth or 4-characte	od(s) Sequence r code(s))	:				eatment Efficien character code)
7A.1a	7A.1b				2					7A.1c
	6	47			5 8					
7A.2a	7A.2b	1			2	!				7A.2c
	3	4			5					
	6	7			8					
7A.3a	7A.3b	1 4			5	_		-		7A.3c
	6	7			8					
	7A.4b	1			2	!				7A.4c
7A.4a	//3	4			5					
7A.4a					8	1				
	6	7	+-		-	_		-		
7A.4a		1 4	┢		2 5					7A.5c

EPA form 9350 -1 (Rev. 06/2014) - Previous editions are obsolete.

*For Dioxin or Dioxin-like compounds, report in grams/year.

**Range Codes: A= 1-10 pounds; B= 11-499 pounds; C= 500-999 pounds.

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			. appro	wai Expires. 1	1/20/201/	1 age 5 01 0
		FORM R			TRI Facility ID	Number
		FUKWI K				
	Part II. CHEMICAL-S	SPECIFIC INFORM	ATION (CONTINU	ED)	Toxic Chemical	l, Category, or Generic Name
SEC	TION 7B. ON-SITE ENE	RGY RECOVERY PR	OCESSES			
<u> </u>	NA Check here if no on-site end	ergy recovery is applied to any	waste stream containing the t	oxic chemical	or chemical cate	egory.
Energ	y Recovery Methods (Enter 3-char	acter code(s))				
	1	2	3			
SEC	TION 7C. ON-SITE REC	YLING PROCESSES				
	NA Check here if no on-site rec	yeling is applied to any waste	stream containing the toxic ch	nemical or cher	mical category.	
Recyc	eling Methods (Enter 3-character co	ode(s))				
	1.	2.	3.	/(
SEC	TION 8. SOURCE REDU	CTION AND WASTE	MANAGEMENT			
			Column A Column		Column C	Column D
				nt Reporting pounds/year*)	Following Yes (pounds/year*	
8.1 -	8.7 Production-Related Waste M	anaged	(pounds/year*) 1 car (bounds/year*)	(pounds/year-	(pounds/year+)
8.1a	Total on-site disposal to Class I U RCRA Subtitle C landfills, and of	nderground Injection Wells,				
8.1 b	Total other on-site disposal or other		0/4			
8.1 c	Total off-site disposal to Class I U RCRA Subtitle C landfills, and of		(b)			
8.1d	Total other off-site disposal or oth	er releases				
8.2	Quantity used for energy recovery	on-site)			
8.3	Quantity used for energy recovery	off-site				
8.4	Quantity recycled on-site					
8.5	Quantity recycled off-site					
8.6	Quantity treated on-site					
8.7	Quantity treated off-site					
8.8	Non-production-related waste man	naged**				
8.9	Production ratio or Activ	ity ratio (select one and enter	value to right)			
8.10	Did your facility engage in any ne			al during the re	eporting year?	
\square	If so, complete the following secti	on; if not, check NA.	ia 📗			
	Source Reduction Activities (Enter code(s))	Metho	ds to Identify Activity (Enter	code(s))		Estimated annual reduction (Enter code(s)) (optional)
8.10.1		a.	b.	c.		d.
8.10.2	2 1	a.	b.	c.		d.
8.10.3	3	a.	b.	c.		d.

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*For Dioxin or Dioxin-like compounds, report in grams/year.

**Includes quantities released to the environment or transferred off-site as a result of remedial actions, eatastrophic events, or other one-time events not associated with production processes

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	TRI Facility ID Number
FORM R	
Part II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)	Toxic Chemical, Category, or Generic Name
SECTION 8.11. DISPOSAL OR OTHER RELEASES, SOURCE REDUCTION, AN	D RECYCLING ACTIVITIES
8.11 If you wish to submit additional optional information on source reduction, recycling, or pollution control	ol activities, provide it here.
SECTION 9. MISCELLANEOUS INFORMATION	SERV
9.1 If you wish to submit any miscellaneous, additional, or optional information regarding your Form R sub	mission, provide it here.
00/10	
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Firm Approval OMB Number: 2023-0009 Approval Expuse: 11/30/2017 Page 1 of 4 **SEPA** TRI Facility ID Number FORM R Schedule 1 PART II. CHEMICAL-SPECIFIC INFORMATION (continued) SECTION 5. QUANTITY OF DIOXIN AND DIOXIN-LIKE COMPOUNDS ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE Discharges to receiving streams or water bodies 5.1 5.2 (Enter data for one stream or water body per box) Fugitive or non-Stuck or point 5.3.1 5.3.3 point air emissions air emissions 2 4 6 8 9 10 11 12 Mass (grams) 13 1,400 15 16, If additional pages of Section 5.3 are attached, indicate the total number of pages in this box (Example: 1, 2, 3, etc.) and indicate the Section 5.3 page number in this box

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Class I Underground Injection Wells Underground Injection Wells Programmed	SEC	TIO	N 5. Q	-	CHEMIC Y OF DIOXIN A		ON-LIK	E COMPO	UNDS		ING EACE	ENVIR	ONMEN	TAL MEDIU	M ON-	SITE	
Class I Underground Injection Wells Underground Injection Wells I I I I I I I I I I I I I I I I I I								5,4	- 5.5 Di	sposal to	land on-si	le			- /		
Underground Injection Wells Underground Injection Wells Inject			5.4.1	NA	5.4.2 NA	5.5.1.A	NA	5.5.1.B	NA	5,5,2	NA	5.5.JA	NA	5.5.3B N		5.5.4 NA	
2 3			Under	ground	Underground	240000000000000000000000000000000000000	btitle C	Other land	fills			surface				Other disposal	
3		1										-1		7			
	ı	2										- 1					
4 5 5 6 6 7 7 8 8 9 9 10 11 12 13 13 14 14 1		3								- 9	11						
5 6 7 8 9 9 10 10 11 11 12 12 13 13 14 14 15 15 16 16 17 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	-	4							- dia	10	11.						
6 7 8 9 10 11 12 13 14 14 1 14 1	Ž.	5						1.0	72	11	4						
7 8 9 10 11 12 13 14 14 1 14 1 14 1 15 1 15 1 16 1 17 1 17 1 17 1 17 1 17	diam'r.	6				1		1	1								
8 9 10 11 12 13 14 14 14 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	9 6																
9 10 11 12 13 14		_			-	1	-)									
10 11 12 13 14			_		-	1											
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12 13 14	6			_	101,												
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14	1			1													
	5	15	1	-						_					_		
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Form Approved OMH Number: 2025-0009 Page 3 of 4 Approval Expires: 11/30/2017 TRI Facility ID Number FORM R Schedule 1 PART II. CHEMICAL-SPECIFIC INFORMATION (continued) SECTION 6. TRANSFERS OF DIOXIN AND DIOXIN-LIKE COMPOUNDS IN WASTES TO OFF-SITE LOCATIONS 6.1. DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs) NA C. Mass (grams) of Each Compound in the Category (1-17) 6.1. 4 11 12 13 14 15 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS 6.2. D. Mass (grams) of each compound in the category (1-17) 1. 10 11 2. 10 11 13 12 3. 4, 6.2. D. Mass (grams) of each compound in the category (1-17) 1. 2. 4 13 14 3. 13 11 12 14 4. If additional pages of Section 6.1 or 6.2 are attached, indicate the total number of pages in this box and indicate the Section 6.1 or 6.2 page number in this box (Example: 1, 2, 3, etc.)

Form Agents of OMB Number: 2025-0009 Approval Expires: 11/30/2017 Page 4 of 4 TRI Facility ID Number FORM R Schedule 1 PART II. CHEMICAL-SPECIFIC INFORMATION (continued) SECTIONS 8.1-8.8, WASTE MANAGEMENT QUANTITIES FOR DIOXIN AND DIOXIN-LIKE COMPOUNDS (current year only) 8,1-8.7 Production-related waste managed 8.8 8.1a 8.1b 8.1c 8.1d 8.2 8.3 8.4 8.5 8.6 8.7 Total on-site Total other Total off-site Total other Quantity Quantity Quantity used Quantity used Quantity Non-production disposal to on-site disposal disposal to off-site disposa recycled recycled treated related waste for energy for energy Class I or other Class 1 recovery on-site off-site on-site, managed* or other Underground releases Underground off-site on-site releases Injection Wells, Injection Wells RCRA Subtitle RCRA Subtitle C landfills, and C landfills, and other landfills other landfills 4 10 11 13 14 15 16

^{*}Includes quantities ruleased to the environment or transferred off-site as a result of remedial actions, catastrophic events, or other one-time events not associated with production processes

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S	United States Environmental Protection	TOX		LEASI FORM		ENTORY
	Agency		- 33		3.333	TOUT TO TO VIOLE
						TRI Facility ID Number
_				-		<u> </u>
	section only applies if you are revaining or withdrawing ously submitted form, otherwise leave blank.	Revisio	e (Enter up to two	code(s))	Withdrav	val (Enter up to two code(s))
IMPO	ORTANT: See instructions to determine when "Not	Applicable (NA)" bu	xes should be obec	ked,		</td
Û	PART I. FA	CILITY IDENT	IFICATION IN	FORMAT	ION	/.\
SEC	TION I. REPORTING YEAR	_				V /
SEC	TION 2. TRADE SECRET INFORMATION				-	
2,1		e 2 as a trade secret? Do not answer 2.2; go to Section 3)	2.2 Is this copy		pitized awer only if "Y	Unsanitized
SEC	TION 3. CERTIFICATION (Important: R	lead and sign after	completing all fo	rm sections.	h	
40 CE	by certify that to the best of my knowledge and belief, FR 372.27(a), did not exceed 500 pounds for this report scooding 1 million pounds during this reporting year.					
77.75	and official title of owner/operator or senior managem	unt official:	Signature:	1		Date signed:
SEC	TION 4. FACILITY IDENTIFICATION		110	-		6
	Facility or Establishment Name	_	TREFAMILY ID N	iumber		
3			10			
4.1	Physical Street Address	11	Mailing Address	(ii dilierent leo	из раумені мес	x address)
200.71	City/County/Tribe/State/ZIP Code	\sim	City-State/ZIP Co	ode		Country (Non-US)
4.2	This report contains information for: (Important: Cli-	ccs. c or d'if applicable)	e A Fe	dend facility	d. ☐ GOCO
192	Technical Contact Name			Telep	shone Number (include area code and ext.)
4.3	Email Address					
4,4	Public Contact Name			Telep	shose Number (include area code and ext.)
	Email Address	100				
4.5	NAICS Code(s) (6 digrts) a. b.	6.		1.	e/	r.
	Dan & Bridgings					
4,6	Number(s) (9 digras) b.					
SEC	TION 5. PARENT COMPANY INFORMATION	ON				
5.1	Name of U.S. Purent Company (for TM Reporting purposes)	(1)00-0				Parent Company [
5.2	Parent Company's Dun & Bradstreet Number NA					

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	Form Approved OMB Numbe Approved Expires: 10/31/	pr 2025-01000 Page of
	EPA FORM A PART II. CHEMICAL IDENTIFICATION Do not use this form for reporting PBT chemicals, including Dioxin and Dioxin-like Compounds*	TRI Facility ID Number
SEC	CTION 1. TOXIC CHEMICAL IDENTITY Report_	of
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if re	oporting a chemical category.)
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313	int)
1,3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 in checked "Yes". Generic Name must be str	ucturally descriptive.)
SEC	CTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed S	ection 1 above)
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 79 characters, including numbers, letters, space	cs, and punctumen)
SEC	CTION I. TOXIC CHEMICAL IDENTITY Report	of)
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if re	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313	list.)
1.3	Generic Chemical Name (Important: Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be str	ucturally descriptive.)
SEC	1. CTION 2. MIXTURE COMPONENT IDENTITY. (Important: DO NOT complete this section if you completed S.	ection I above)
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, space	
001	CTION I, TOXIC CHEMICAL IDENTITY Report	
38,4	CAS Number (Important: Enter only one number exactly us it appears on the Section 313 list. Enter category code if n	of
1.1	(AS Number (Important: Either only one number exactly in a special on the Section 515 that Either category code it is	bound a cususcas casegory)
1.2	Toxic Chemical or Chemical Category Name (Important: Hanter only one name exactly as it appears on the Section 313	list.)
1.3	Generic Chemical Name (Important) Complete only if Part 1, Section 2.1 is checked "Yes". Generic Name must be str	ucturally descriptive.)
SEC	CTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed S	ection I above)
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, space	
SEC	CTION I. TOXIC CHEMICAL IDENTITY Report	of
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if re	oporting a chemical category.)
1.2	Toxic Chamical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313	list.)
13	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be str	ucturally descriptive.)
SEC	I. CTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you completed S	ection 1 above)
2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, space	es, and punctuation.)

"See the TRI Reporting Forms and Instructions manual for the list of PB3. Chemicals (including Doxin at

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(Make additional copies of this page, if needed)